

(Must be on company letterhead)

Form to Verify Active Registered Nurse Practice

TO: Arkansas State Board of Nursing, Advanced Practice Department

I confirm that _____, RN, has completed 2000 hours or more of practice (as an RN) as of the date of this affidavit.

Representative Name & Title _____
Printed name & title

T

Representative Signature _____
Signature

Date _____

AFFIDAVIT VERIFYING SIGNATURE (Above)

State of _____ **County of** _____

Sworn to before me this _____ **day of** _____ **20** _____

My Commission Expires _____

Notary Public Signature _____

Notary Seal